



**UTAH DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MANAGEMENT**

**APPLICATION FOR THE
ADVANCED PROFESSIONAL SERIES**

NAME: _____ **DATE:** _____
(Please print legible)

PHONE: _____ **E-mail:** _____

I hereby request certification from the Utah Division of Emergency Management (DEM) for completion of the FEMA / DEM **ADVANCED PROFESSIONAL SERIES** Training Program. I have indicated below the dates on which I have completed the five required courses, plus five elective courses. *(Please attach copies of any certificates that are not in your U-TRAIN account. If you have any questions contact the DEM Training Section 801-538-3400).*

*** REQUIRED COURSES**

COURSE CODE	COURSE TITLE	DATE COMPLETED
*G191 or E947	Incident Command System/Emergency Operations Center (ICS/EOC) Interface	
*G250.7	Rapid Assessment Workshop	
*G270.4 or E210	Recovery from Disaster, the Local Government Role	
*G393	Mitigation for Emergency Managers	
*G775 or IS775	Emergency Operations Center (EOC) Management and Operations	

ELECTIVE COURSES (complete any five)

COURSE TITLE	DATE COMPLETED	COURSE TITLE	DATE COMPLETED
G108 Community Mass Care Management		G290 Basic Public Information Officers or E388 Advanced Public Information Officers	
G361 Flood Fight Operations		G358 Evacuation and Re-entry Planning	
G408 Homeland Security Planning for Local Governments		G364 Multi-Hazard Emergency Planning for Schools or L363 Multi-Hazard Planning for Higher Education	
G197 Access and Function Needs		E/L/G146 or 147 Homeland Security Exercise & Evaluation Program (HSEEP)	
G202 Debris Management or E202 Debris Management Planning		G271 Hazardous Weather & Flood Preparedness, IS271 Anticipating Hazard Weather & Community Risk, or G272 Warning Coordination	
G386 Mass Fatalities		G110 Emergency Management Operations Course for Local Governments, E900, E905, E910, E915, E920, or E930	
G366 Planning for the Needs of Children in Disaster		IS703 National Incident Management System (NIMS) Resource Management	
G288 Local Volunteer and Donations Management			

SIGNATURE OF APPLICANT: _____ **Approved:** _____